Personal View

What constitutes fatherhood? Is it the passing on of family genes to an offspring or is it acting the traditional role of a father to a child during the years when this child is growing up? For most married men the question does not arise because they fulfil both roles. But an increasing number of men are learning, to their distress, that they are incurably sterile or grossly subfertile with practically no chance of being an actual putative father to a child.

* * *

In most infertility clinics these men, and their wives, are now being offered the possibility of acquiring a family by donor insemination and increasingly they are opting for AID rather than trying to adopt children. This is not only because of the scarcity of babies for adoption but also because most married women who feel that they are capable of motherhood want to mother their own children. Their infertile husbands realise this and also that AID offers them the opportunity to seem to be a father to all their friends and relations. Unlike adopted children those born by AID are rarely told the truth about their conception and couples register them and bring them up as their own natural children.

One theoretical objection to AID is that it could cause the break-up of a marriage since the husband would never accept the children as his own. In practice this happens rarely since only stable married couples reach the stage of deciding on AID. Men who are the fathers of an AID family tell me that they have never regarded the children as other than their own. As the years roll by the children become so much a part of their home and their life that they forget that the actual sperms which produced these children were not their own.

Geneticists dislike AID because the genetic background of the donors is unknown. But genetic problems in children born after AID are rare probably because, in a reputable clinic, the genetic backgrounds of the donors are known and any potential donor who has a family history of genetic disease is not used.

The sanctimonious moralists object, of course, but then they object to any medical procedure that deviates from what they consider to be the normal. It is argued that every child has an absolute right to know who his actual father is or was, and that it should be compulsory for the donor's name to appear on the child's birth certificate. If the law ever became so asinine as to insist on this donor insemination in reputable clinics would cease since no young men would offer their services as donors of semen and couples would not want children whom they could not bring up as their own. AID would become a shady, illegal, back-street procedure done with sperms bought from shiftily layabouts.

* * *

Certainly the deception of a child about his parentage is the only valid objection to AID but is it really essential to a person's happiness to know exactly who his biological father was? Several adults who were adopted as babies have told me that they have never attempted to identify their actual parents.

They regard the couple who brought them up as their parents and are not concerned to discover the identity of the people who rejected them. In a London maternity hospital a few years ago young mothers and their husbands were blood grouped and it was shown that over 30% of the resultant babies could not have been fathered by their mothers' husbands. Truly it is a wise man who knows his own father.

There is still a strong belief among many men that a child inherits his characteristics directly from his father only. This mediaeval belief is particularly strong among men from Mediterranean countries, many of whom still find it difficult to accept that a virile man can be infertile. This belief causes some men to have doubts about AID; they convince themselves that people would instantly recognise that they could not be the fathers of their children because these children were not identikit portraits of themselves.

Part of the initial counselling of couples for AID is to remind them that a child inherits his characteristics from numerous relatives on both sides of the family and not only from his immediate parents. Any children which they might have fathered themselves would not necessarily look anything like them, and the donors are physically matched to the husbands as nearly as possible.

All the world's major religions proscribe donor insemination. This is probably because all these religions were founded in the days when it was taken for granted that all men were fertile unless they were obvious eunuchs or impotent and incapable of normal coitus. Sexual intercourse between a man and his wife is the norm and religion in general tends to abhor any act that is outside the norm. It is somewhat illogical for Christians to object to AID, since a confirmed Christian is required to believe that Jesus of Nazareth was essentially an AID baby and that God had no objection to Joseph acting the role of father to his wife's baby who was, by secular law, illegitimate.

* * *

The incomprehension of people who have never experienced infertility or dealt with childless couples is a constant source of pain to the involuntary childless. Since the beginning of time probably no human affliction has caused more distress than the inability to bear children when friends and relations seem to be having no difficulty in starting their families. Thoughtless and tactless people, including some doctors, still question whether money should be spent on helping these distraught young people in an overcrowded country.

Those who seek to pontificate and find ethical or moral objections to modern medical techniques, which enable the childless to have their own families, should accept that techniques like AID and in-vitro fertilisation are here to stay. They bring joy to countless young couples who despaired of ever having children they could call their own and, if the law is foolish enough to make them illegal, they will continue illegally.

ROBERT NEWILL

London